

Foster Family Home - Corrective Action Report

Provider ID: 1-140047

Home Name: Marilou E. Guieb, NA

Review ID: 1-140047-6

215 Thomas Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 5/14/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 6/14/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM #2 and HHM#3 were without APS/CAN/Fingerprint (or Ecrim) in home binder.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization from POA/Family Member/ Client on Client #1's bedroom video surveillance camera.

Maribel Nakamine, RN
Compliance Manager

Marilou E. Guieb
Primary Care Giver

5/14/2020
Date
05/14/2020
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: MARILOU E. GUIEB, NA

(PLEASE PRINT)

CCFFH Address: 215 THOMAS ST. WAHIAWA HI 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) (2)	Fingerprint and Ecrim results were obtained from HHM#2, and HHM#3. It was placed in the home record.	05/31/20	Home will initiate a criminal history back round check for all adults home members.
53.(b) (9)-	Written authorization was obtained from the POA's of clients# 1's bedroom video camera. It was placed into the home record.	05/14/20	Home will obtain signed authorization from POA allowing home to install a video camera into clients room.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 05/31/20

☒ CTA has reviewed all corrected items